# AUSTIN STATE HOSPITAL Brain Health System Redesign

**Phase 1 Recommendations** 

+ Introduction to Phase 2

NAMI Austin Mind Matters January 28, 2019

#### **BACKGROUND:**

85th Legislature Approves ASH Redesign Planning

Cannon Report identifies major infrastructure problems in state hospitals

Legislature asks HHSC to partner with academic institutions to lead redesign (UTA) Dell Medical School asked major stakeholders from across the ASH service area to lead transformation through a steering committee Input and support from LMHAs, local government, law enforcement, legal system, peer support stakeholders, local not-for-profit and local private providers is needed to make the vision happen

Together, we can make Central Texas a national leader in mental health.

Texas legislature has been investing more in mental health for over a decade

Senator Watson ("10-in-10") sets mental health as a priority for Central Texas

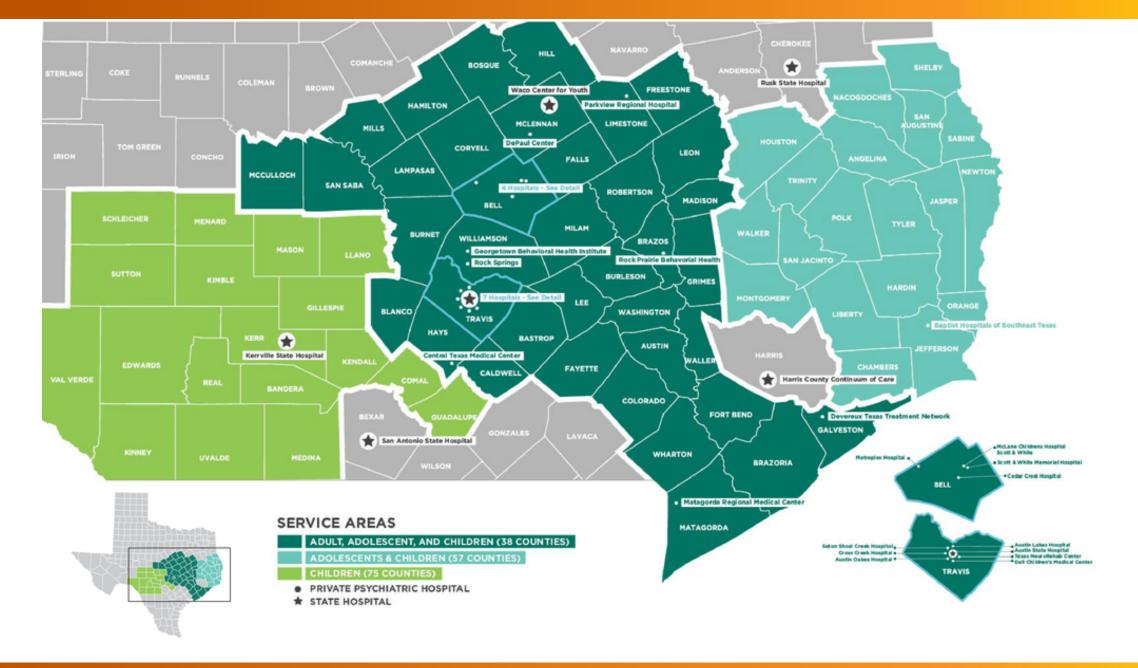
Legislature invested \$15.5M toward that end

The steering committee recognizes that local control and local solutions are critical to success



# **Austin State Hospital Campus** 4111 LAMAR BLVD. CHILD GUIDANCE CENTER **AUSTIN STATE** HOSPITAL minim Pecan Park NORTH 4th 582 **★** ENTRANCES 635

4110 GUADALUPE STREET



# County-to-Hospital Patient Flows (Adults)

Flow of Patients to Hospital Beds

• 1 to 147 Adults

• 147 to 721 Adults

More than 721 Adults

Counties in the Adult ASH Catchment Area

Origin county centers are displayed in black and destination hospitals are displayed in red.

**ASH Service Area** = 70,094 sq. mi



**OHIO** = 40,860 sq. mi / roughly the same size as the ASH Adult Service Area

# **Steering Committee**

Health Institution – Dell Medical School: Steve Strakowski, MD (Chair)

Health & Human Services Commission (HHSC): Tim Bray

Local Mental Health Authority (LMHA): David Evans (IC, Travis),

Andrea Richardson (BTCS, Williamson+)

Healthcare District: Mike Geeslin (Central Health)

UT Design Institute for Health: Katherine Jones

UT System, Health Affairs: David Lakey, MD

Texas Hospital Association: Sara González

Texas Organization of Rural & Community Hospitals: Scott Briner

Law Enforcement: Sheriff Dennis Wilson (Limestone)

Peer/Family Representative: Karen Ranus (NAMI Austin), Jason

Johnson (Hill Country MHDD)

Ex Officio: Jim Baker MD, Sandy Guzman, Octavio Martinez MD,

Lisa Owens, Martin Harris MD

# **Planning Structure**

#### **STEERING COMMITTEE** (117 Members)

#### **SUB COMMITTEES**

Campus Master Plan Subcommittee

Integrated Service Design Subcommittee

Facilities Planning Subcommittee

Policy & Legislation Coordination Subcommittee

Communications
Subcommittee

Finance Subcommittee

Academic Integration Subcommittee

#### **WORK GROUPS**

**LMHA Workgroup** 

Community General Hospital Work Group

Health Districts & FQHCs Work Group & Population Health

**Peer/Family Work Group** 

**IT Integration Work Group** 

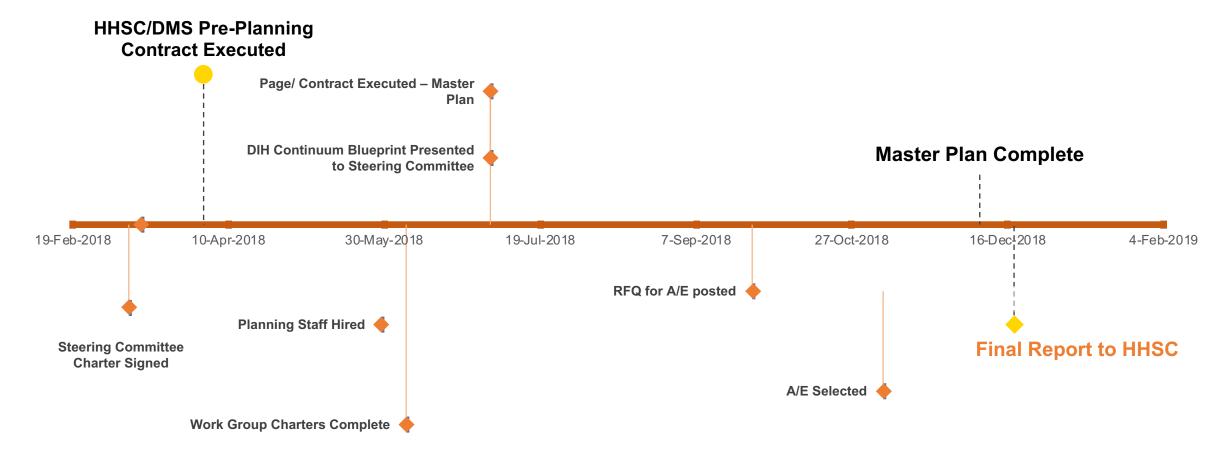
**Law Enforcement Work Group** 

**Subspecialty Work Group** 

**Legal Engagement Group** 

Historic Preservation Engagement Group

# ASH Redesign – Phase I (Pre-Planning)



\*Phase I: Mar 2018 - Dec 2018

Phase II: Oct 2018 - Nov 2020



#### Reimagining not just a Hospital, but a Brain Health System of Person-Centered Care

People First!



#### **Brain Health Continuum**

Brain health conditions are lived through the process of recovery, not quick fixes.

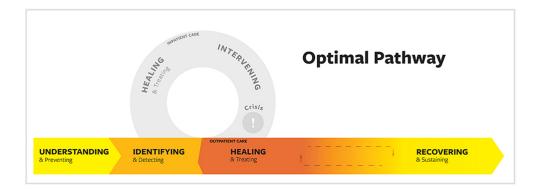
UNDERSTANDING & Detecting COMPATIENT CARE

\*\*Preventing\*\*

\*\*Detecting\*\*

\*\*Treating\*\*

RECOVERING & Sustaining





# Phase 1 Report Recommendations

#### I. Transform the Austin State Hospital (ASH) Campus.

- 1. Replace the existing outmoded adult hospital with a new state-of-the-art facility.
- Improve ASH operations.
- 3. Change the ASH reporting structure.
- 4. Initiate a brain health platform on the ASH campus and beyond.

#### II. Optimize the Use of Community Psychiatric Beds in the Region.

- 1. Expand the Community Psychiatric Bed-purchasing program (CPB).
- Expand CPB to provide short-term competency restorations.

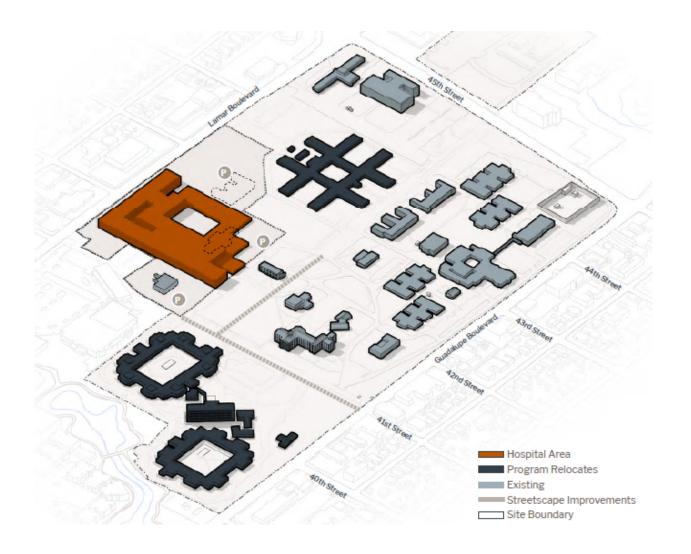
#### III. Redesign Competency Restoration Programs and Processes.

- 1. Engage the Judicial Commission on Mental Health (JCMH) to establish consistent competency standards and assessments across all courts.
- 2. Establish a formal 60-day inpatient competency restoration limit.
- 3. Create a regional competency restoration team to work across venues.

#### IV. Increase Residential Care and Supported Housing Capacity.

- 1. Foster better use of the HCBS-AMH 1915(i) State Plan Amendment program.
- Finance expansion of evidence-based residential care and supported housing.

# **Recommendation #1: Transform the Austin State Hospital**





# **Recommendation #1 – ASH Options**

#### **Option A:**

- Build 240 adult bed hospital
  - Cost: \$246M for 374,000 SF 2 or 3 story hospital
  - Additional \$37M to prepare 15 acre site
  - Maintains current ASH operational budget
  - Prepare for future growth with additions of 24-48 more beds, additional \$6.6M required for build out.

Option A: 240 -bed adult hospital		
Component	Cost	
Hospital	\$246M	
Site Preparation	\$37M	
Long-stay placement team	\$0.3M	
Total	\$283M	
(optional) Chassis prep to add up to 48 more beds	\$6.6M	

#### **Option B:**

- Build a 216 240 adult bed hospital plus a 48 - to 72-bed residential care unit.
  - Cost: \$234 246M for 374,000 SF 2 or 3 story hospital
  - Additional \$39M to prepare 15 acre site
  - Estimated \$15-45M to construct 72bed residential facility
  - Estimated annual operating budget of \$9.8M in addition for the inpatient facility.

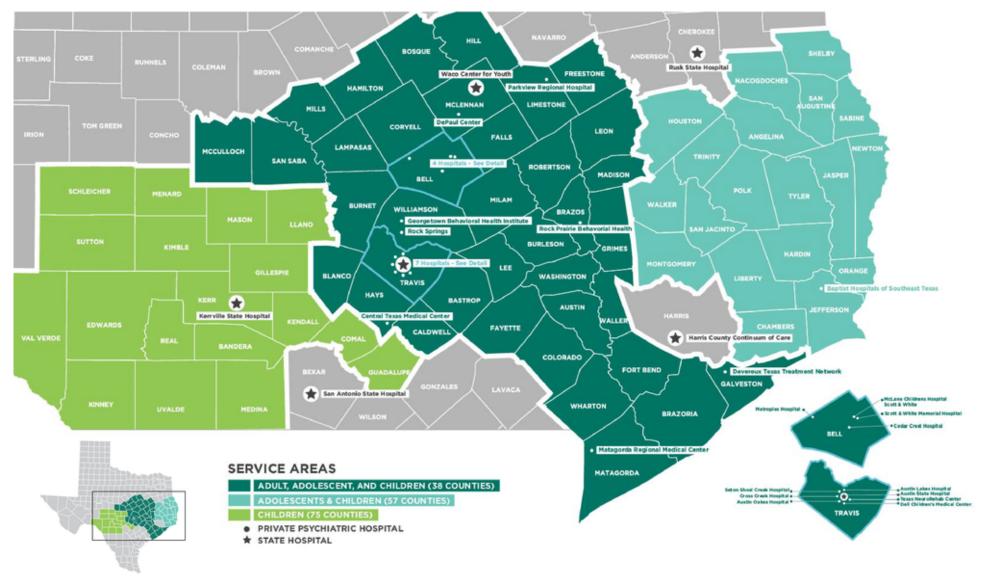
Option B: 216 or 240 bed adult hospital + 48 or 70 bed residential facility		
Component	Cost	
Hospital	\$234 - 246M	
Site Preparation	\$39M	
Residential Facility	\$15 - 45M	
Long-stay placement team	\$0.3M	
Total \$288 - 330M		

#### **Option C:**

- Build a 264 288 adult bed (or larger) hospital
  - Cost: \$272 291M for 264 bed hospital
  - Additional \$39M to prepare site
  - Increases annual operating expenses by \$4 - 6M over current \$50M annually.

Option C: 264 to 288 bed adult hospital		
Component	Cost	
Hospital	\$272 - 291M	
Site Preparation	\$39M	
Long-stay placement team	\$0.3M	
Total	\$311 - 330M	

# **Recommendation # 2 Potential Community Partnerships**



# Recommendation # 2

# **Current Available Private Beds – Adults**

Nearly 1000 Private Beds in 21 Private Facilities in ASH Adult Service Area

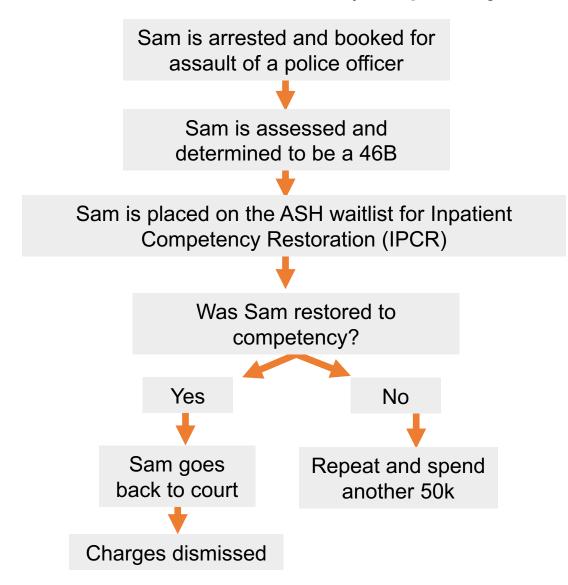
2015 Bed	2015 Avg.	2016 Bed	2016 Avg.	2018 Bed	2018 Avg.
Count	Utilization	Count	Utilization	Count	Utilization
612	61%	972	60%	995	

### **Recommendation #3**

# Redesign Competency Restoration Programs and Processes

- Engage the Judicial Commission on Mental Health (JCMH) to establish consistent competency standards and assessments across all courts.
- Establish a formal 60-day inpatient competency restoration limit.
- Create a regional competency restoration team to work across venues.

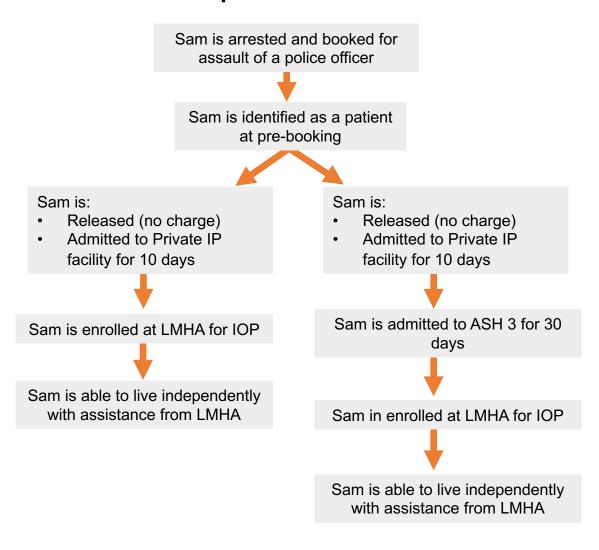
#### **Current Path to ASH 46B (Competency Restoration)**



Service	Time (Days)	Cost
Arrest & booking	1	\$145
Assessment	7	\$1,015
Assessment Results (46B)	10	\$1,450
Waitlist	102	\$14,790
IPCR	72	\$ 40,824
Reassessed	20	\$11,340
		\$69,564

<sup>\*</sup>Treatment may be delayed days or weeks!

#### **Private Hospital Alternative Path 46B**



Service	Time (Days)	Cost
Arrest	1	145
Identified as Patient	1	145
Private Hospital	10	5290
Enrolled in IOP	30	2250
		\$7,830

Service	Time (Days)	Cost
Arrest	1	145
Identified as Patient	1	145
Private Hospital	10	5290
IP – ASH	30	17010
LMHA IOP	30	2250
		\$24,840

<sup>\*</sup>Treatment initiated almost immediately.

# **Pathway Savings**

Pathway	Total Cost/Patient	Annual Cost (all Patients)	Potential Annual Savings
Current	\$69,564	\$26,851,704	-
Short stay/IOP	\$7,830	\$3,022,380	\$23,829,324
Above+ extra sub-acute	\$24,840	\$9,588,240	\$17,263,464
FACT	\$18,145	\$7,003,970	\$19,847,734
Outpatient CR/housing	\$25,403	\$9,815,980	\$17,035,724
Inpatient CR/housing	\$55,313	\$21,350,818	\$5,500,886

#### N.B.

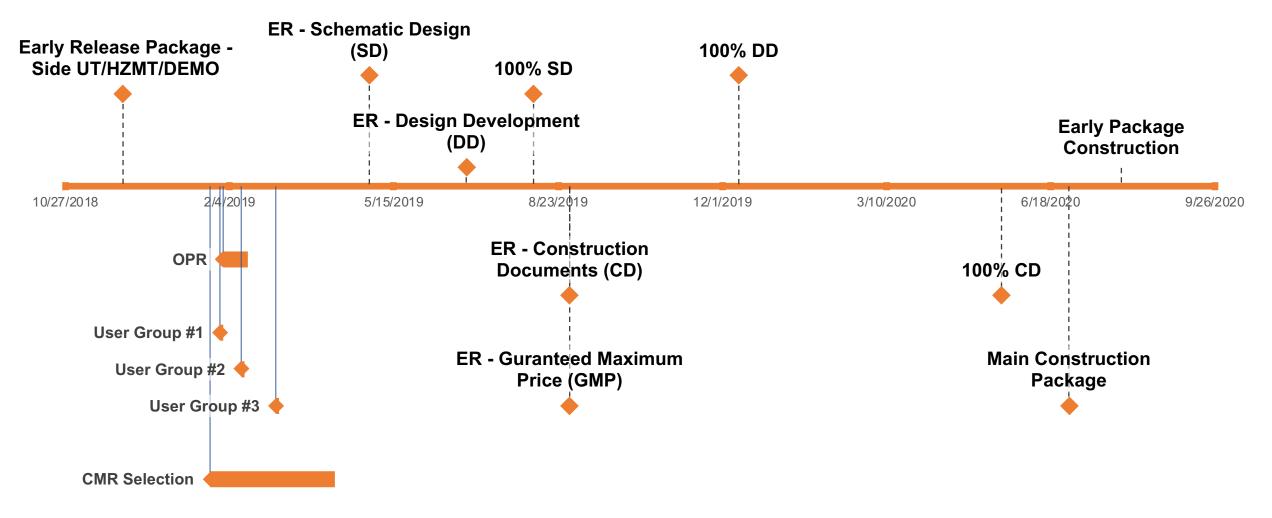
- 1. Most importantly, the time to treatment is **dramatically** decreased
- 2. Alternative pathways require additional infrastructure (\$), possible statute changes and changes in judges' SOPs to implement successfully.
- 3. Alternative pathways will take time (years) to implement due to needed process and cultural changes.
- 4. These measure do NOT eliminate need for a replacement facility on ASH, but do provide opportunities to more effectively manage treatment and population growth over time.

#### **Recommendation #4**

Increase Residential Care and Supported Housing Capacity

Therapeutic Recovery		
Person - Centered		
Counseling Services Community Supports		
Caregiver Education	Psychosocial Rehabilitation	
Crisis Intervention	Independent Living Services	

# **ASH Redesign-Phase II (Planning)**



\*Phase I: Mar 2018 - Dec 2018

Phase II: Oct 2018 - Nov 2020

# Phase II Goals and Beyond

- 1. People First: remains the "North Star" of the ASH Redesign
- 2. Construction Manager at Risk (CMR) Selection
- 3. Develop Construction documents
- 4. Initiate Main Project Hospital Buildings & Existing Building Renovations
- 5. Find Partners to begin building out the campus as a platform for best practices of the entire mental health continuum (Phase III+).
- 6. Improve mental health in Central Texas!

# **Updates**

Sign up for updates at <a href="www.ASHredesign.org">www.ASHredesign.org</a>, and we'll let you know when the report is available publicly.

THANK YOU!